



Hospital Fiscal Report  
 State Form 49520 (R2 /7-02)  
 (Form approved by State Board of Accounts, 2000)

Status: Finalized

I. Identification of Organization

Hospital Name: ST. VINCENT SALEM HOSPITAL

City of Hospital: Salem

Year Begin: 07/01/2017 (mm/dd/yyyy format)

Year End: 06/30/2018 (mm/dd/yyyy format)

Person Completing the Report: Bradley Burks

Email Address: bkburks@ascension.org

Medicare Provider Number: 151314, 15Z314

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$1804131
Outpatient Patient Service Revenue	\$54967849
Total Gross Patient Service Revenue	\$56771980

2. Deductions From Revenue

Contractual Allowance	\$38651608
Other Deductions	\$937119
Total Deductions	\$39588727

3. Total Operating Revenue

Net Patient Service Revenue	\$17183253
Other Operating Revenue	\$554674
Total Operating Revenue	\$17737927

4. Operating Expenses

Salaries and Wages	\$4934601	Employee Benefits	\$1476624
Depreciation and Amortization	\$471147	Interest Expense	\$0
Bad Debt	\$0	Other Expenses	\$9272397
Total Operating Expenses	\$16154769		

5. Net Revenue and Expenses

Excess Revenue over Expenses	\$1583158	Total Assets	\$7519813
Net Non-operating Gains over Loss	\$1375	Total Liabilities	\$4024152

Total Net Gains	\$1584533
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Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$24943563	\$17180248	\$7763315
Medicaid	\$13322066	\$12273841	\$1048225
Other Government	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Other Payers	\$18506351	\$10134638	\$8371713
Total	\$56771980	\$39588727	\$17183253

Statement Three: Donations Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$0	\$0	\$0

Statement Four: Research Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Research	\$0	\$0	\$0

Statement Five: Education Statement

Education of	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Medical Professionals	\$0	\$0	\$0
Hospital Patients	\$0	\$0	\$0
Community Education	\$0	\$145130	\$-145130

Number of Medical Professionals Trained	\$0
Number of Hospital Patients Educated	\$0
Number of Citizens Exposed to Health Education Messages	\$2211

Statement Six: Charity Statement

Hospital Charity Charges	\$3736063
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$999158	
HCI Payments	\$0		
Subtotal	\$0	\$999158	\$-999158
Medicaid Shortfalls	\$1048225	\$4302161	
Subtotal	\$1048225	\$5567152	\$-4518927
DSH Payments	\$0		
Subtotal	\$1048225	\$5567152	\$-4518927
Medicare Shortfalls	\$6737520	\$6670812	
Other Government Programs	\$0	\$0	
Total	\$7785745	\$12237964	\$-4452219

Statement Seven: Subsidized Health Services for the Community
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	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	\$0	\$131927	\$-131927
Community Assessment	\$0	\$35848	\$-35848
Provision of Taxes	\$0	\$739358	\$-739358
Other Allocations	\$0	\$0	\$0

Comments